

Policy Title:	Contingency Plan for Electronic Information Systems	
Policy Number:	S-008	Version: 1.0
Reference:	45 CFR 164.308 (a)(7)	
Applicability:	Department of Health	
Approved By:	Dr. Terry Dwelle, State Health Officer	
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Effective Date:	April 14, 2003	

Policy:

The NDDoH will develop and implement a detailed electronic information systems contingency plan for responding to an emergency or catastrophic failure of any system, application or data source.

Exceptions:

None

Procedure:

- All NDDoH servers that store critical, confidential or protected health information (PHI) will
 perform, at a minimum, daily retrievable backups that will be stored in a secure location to
 prevent against accidental or catastrophic loss of data. Prior to moving any department
 server, a backup of all data on that server must be completed to prevent against the loss of
 data.
- In the event of accidental or catastrophic loss of data, the Information Technology (IT) coordinator responsible for the integrity and availability of that data will be charged with restoring the lost data from the backup media in a timely manner.
- The NDDoH Continuum of Government plan has identified critical business processes, applications and data that will continue to function and be available in a secure and confidential manner if the NDDoH is forced to operate in an emergency mode.
- Periodic testing of the NDDoH data backup and restoration plan will be done at a divisional level by the assigned IT coordinator. The IT coordinators will be responsible for testing the backup and recovery functionality of the current system on an annual basis. New backup systems will be thoroughly tested prior to implementation.

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Related Forms:

None

Definitions:

NDDoH - North Dakota Department of Health

Protected Health Information – Individually identifiable health information that is transmitted or maintained by electronic media or transmitted or maintained in any other form or medium

Individually Identifiable Health Information – Health information which includes demographic information that relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual and that identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual